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# Office Financial Policy

We would like to share the following policies with you so that you understand your responsibility regarding the charges for the services rendered to you by this office.

1. You are Medicare participating providers. We will bill Medicare and Medigap carriers. You will be responsible for the payment of:
   a. The annual deductibles
   b. Co-payments
   c. Charges for non covered services

If you have Medicare as well as secondary coverage with a commercial plan that is not Medigap or is an insurance company with which we have no contract, we will file a claim to your secondary/supplemental carrier. If no payment is received from your secondary/supplemental carrier within 60 days after we file a claim, you will be sent a bill and will be responsible for the balance.

2. If we participate (are contracted) with a commercial insurance plan under which you are covered, we will bill the carrier for all medically necessary services rendered. You will be responsible for:
   a. The annual deductibles
   b. Co-payments
   c. Charges for non covered services

In the event that you as the patient, or we as the providers are not aware of a charge that is not covered by your plan, you will be billed the balance after we obtain a denial from your insurance carrier.

3. For non-Medicare patients who have insurance coverage with an insurance carrier with which we do not have a contractual relationship, please note the following:
   a. We will collect the payment for the cost of your visit at the time of service.
   b. We will file the claim to your insurance company: if payment is received you will be issued a refund for the difference.
   c. Please understand that since we do not have a contract with your plan, we are not obligated to adjust the charges based on your plan's coverage or benefits.

Your signature below signifies that you understand our financial policy and your responsibility regarding charges incurred in this office.

_____ _____/_____/_____

Patient's signature Date